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FACSIMILE TRANSMISSION COVER SHEET

Date: April 19, 2004

To: Examiner Thanh Y. Tran, Art Unit 2827

Fax: (703) 872-9306

Re: Application Serial No.: 10/020,380

Filing Date: 10/30/2001; Inventor(s): Hashemi, et al.
F&F LLP Docket No.: 01CON288PC

From: Sukhie Bal, Office Administrator

Number of pages including the cover sheet: 19

Message:

Enclosed please find the Amendment and Response to the Final Office Action dated January 20, 2004.

Thank you.

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Attorney Docket No.: 01CON288PC

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hashemi, et al.SERIAL NO.: 10/020,380 FILED: October 30, 2001FOR: Multiple Chip Module with Integrated RF Capabilities

Mail Stop AF
 HONORABLE COMMISSIONER FOR PATENTS
 P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

 EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

 TOTAL EXTENSION FEE \$ 0.00 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	29	MINUS **29	* = 0	x 18	x 9	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

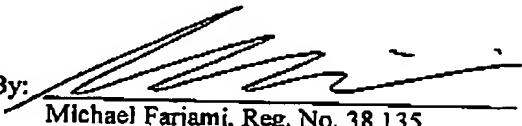
Attorney Docket No.: 01CON288PC

Total fee for Supplemental Information Disclosure Statement \$

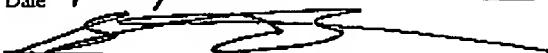
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The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 4/19/04By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date 4/19/04Signature Name of Person Performing Facsimile Transmission Sukhie Bal

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
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Typed or Printed Name of Person Mailing Paper and/or Fee

Attorney Docket No.: 01CON288PC

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hashemi, et al.

SERIAL NO.: 10/020,380 FILED: October 30, 2001

FOR: Multiple Chip Module with Integrated RF Capabilities

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 P.O. Box 1450, Alexandria, VA 22313-1450

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<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
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Attorney Docket No.: 01CON288PC

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Signature

Sukhie Bal
Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
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Attorney Docket No.: 01CON288PC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hashemi, et al.

Serial No.: 10/020,380

Filed: October 30, 2001

For: **Multiple Chip Module With
Integrated RF Capabilities**

Art Unit: 2827

Examiner: Tran, Thanh Y.

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OFFICIAL**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF
Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated January 20, 2004 in the above-referenced patent application. Please enter and consider the following amendments and remarks.